

2009 SEP -3 AM 7:42

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to elect Jon Ressler for school board

**IMPORTANT:** Indicate by # type of committee you are reporting for: 10

(1) Statewide/Legislative/Judge Standing for Retention Candidates (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidates (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

**Candidate Name**

Jon Ressler

**Political Party (if applicable)**

**Office Sought**

School board seat

**District (if Senate or House)**

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]  
**SIGNATURE OF PERSON FILING REPORT**

563-370-8854

**TELEPHONE**

9/1/09

**DATE SIGNED**

I AM FILING A Election 9/1/09 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
9/8/09  
County & Local Committees, enter County in  
which Election is held  
Scott

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

Amended From 9/2/09

For instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input checked="" type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

*Committee to elect Tom Rasker for Schoolboard*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/26/09	ID# CK#	Dick and Gerry Dolan 919 Cimarron Dr. Davenport IA 52804		\$ 50	<input type="checkbox"/>
7/31/09	ID# CK#	Mrs and Mrs Bunge 1020 W. 35th St Davenport IA 52806		\$ 10	<input type="checkbox"/>
7/26/09	ID# CK#	Janet Gragg 1604 W 35th St Davenport IA 52806		\$ 10	<input type="checkbox"/>
8/12/09	ID# CK#	Dan and Cindy Mammen 4112 N. Lincoln Ave Davenport IA 52806		\$ 25	<input type="checkbox"/>
8/22/09	ID# CK#	Don and Sue Schou 3515 Shady Ridge Ct Davenport IA 52806		\$ 15	<input type="checkbox"/>
8/25/09	ID# CK#	Roger and JoAnne Hurt 2017 4th St Moline IL 61205	Great uncle and aunt	\$ 20	<input type="checkbox"/>
8/28/09	ID# CK#	Marilyn Luebke 4423 N. Pine St Davenport IA 52806		\$ 25	<input type="checkbox"/>
<del>8/28/09</del>	ID# CK#				<input type="checkbox"/>
7/3/09	ID# CK#	Jon Rasker 715 N Lincoln Ave Davenport IA 52804	myself	\$ 50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 155 205

TOTAL (If last page of this schedule)

\$ 1070 1120

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(for Schedule A)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.